COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021424 US

As a below named inventor, I hereby declare that:							
My residence, post office address and citizenship are as stated next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Method and apparatus for handling layered media data" the specification of which (check only one item below):							
is attached hereto.							
was filed as United States a	pplication						
Serial No							
on							
and was amended							
on	·						
	nal application						
	• •						
on 01 DECEME	3ER 2003						
and was amended under PCT	Article 19						
on	on (if applicable).						
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56							
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:							
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119				
Europe	02080532.1	20 December 2002	YES				
·							

			opoint the following attorney(s) and/or agent(s) to rewith. (List name and registration number)	prosecute this application and tran
Mich	E. Haken, Reg. ael E. Marion, R			phone Calls to: telephone number) 2-0222
ر	FULL NAME OF INVENTOR	FAMILY NAME BRULS	FIRST GIVEN NAME Wilhelmus	SECOND GIVEN NAME Hendrikus Alfonsu
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTI
D	FULL NAME OF INVENTOR	FAMILY NAME RIJCKAERT	FIRST GIVEN NAME Albert	SECOND GIVEN NAME Maria Arnold
202	RESIDENCE & CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Hoistlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTI
2	FULL NAME OF INVENTOR	FAMILY NAME LEIBRANDT	FIRST GIVEN NAME Godert	SECOND GIVEN NAME Willem Renswoud
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTI
V	FULL NAME OF INVENTOR	FAMILY NAME MERTENS	FIRST GIVEN NAME Mark	SECOND GIVEN NAME. _Jozef Willem
204	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP Belgium
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTI

true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

Albert N.A. Rychaut

DATE 30 NAY 2005

DATE 30 NAY 2005

DATE 30 NAY 2005

DATE 30 NAY 2005

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021424 US

As a below named inventor, I hereby declare that:							
My residence, post office address and citizenship are as stated next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Method and apparatus for handling layered media data" the specification of which (check only one item below):							
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and was amended							
on							
was filed as PCT internation	nal application						
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Number CLIPEDE	55,00.3071						
on 01 DECEMB	ER 7.00 5						
and was amended under PCT	Article 19						
on			(if applicable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
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PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119				
Europe	02080532.1	20 December 2002	YES				
		DED 4 DE 4 DE 4 DE 4 DE 5 DE 4					

Combined Declaration For Patent Application and Power of Attorney (Continued)

Attomeys Docket Number (Includes Reference to PCT International Applications)

Attomeys Docket Number PHNL021424 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

Edwa	ard M. Blocker, F	Reg. No. 30,245		(914)332-0222
	FULL NAME OF INVENTOR	FAMILY NAME BRULS	FIRST GIVEN NAME Wilhelmus	SECOND GIVEN NAME Hendrikus Alfonsus
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNT The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	STATE & ZIP CODE/COUNTRY
	FULL NAME OF INVENTOR	FAMILY NAME RIJCKAERT	FIRST GIVEN NAME Albert	SECOND GIVEN NAME Maria Arnold
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	en STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME LEIBRANDT	FIRST GIVEN NAME Godert	SECOND GIVEN NAME Willem Renswoud
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTHE Netherlands	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	en STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME MERTENS	FIRST GIVEN NAME Mark	SECOND GIVEN NAME Jozef Willem
204	RESIDENCE & CITIZENSHIP	Eindhoven	STATE OR FOREIGN COUNTIES The Netherlands	Belgium
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	en STATE & ZIP CODE/COUNTRY The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

10/539971

PTC/SB/80 (11-04)
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under								
37 CFR 3.			9	- аррпои				
I hereby ap	point:				\Rightarrow			
X Practiti	ioners associ	ated with the Customer Number:		2473	37			
OR								
Practit	ioner(s) name	ed below (if more than ten patent	practitioners a	are to be na	imed, then a custo	omer num	ber must be us	ed):
		Name	Registration Number		N	ame		Registration Number
any and all p	atent applica	to represent the undersigned befitions assigned only to the undersicordance with 37 CFR 3.73(b).	ore the United igned according	States Pa	tent and Tradema SPTO assignment	rk Office (t records o	USPTO) in cor or assignment o	nection with documents
Please chan	ge the corres	pondence address for the applica	tion identified	in the atta	ched statement un	nder 37 CF	R 3.73(b) to:	
X Th	e address as	sociated with Customer Number:	(2473	7)			
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Assignee Na	ane and Add			D.:	TDC BYDG	TIDONIT	CC N 17	
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Groenewoudseweg l 562l BA Eindhoven, The Netherlands								
	41.1.4							required to be
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
and must	identity the							
SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature	////	Made. H	aus	_		Date 1	.4 Janua	ary 2005
Name	Micha	el E. Marion				Telepho	ne (914)	333-9637
Title	Autho	rized Representa	ative					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

40/539971 JC09 Rec'd PCT/PTO 19 JUN 2005

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Koninklijke Philips Electronics N.V. Filed/Issue Date: Concurrently Application No./Patent No.: Concurrently Entitled: METHOD AND APPARATUS FOR HANDLING LAYERED MEDIA DATA corporation Koninklijke Philips Electronics N.V. (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) (Name of Assignee) states that it is: 1. the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame ____, or for which a copy thereof is OR B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: To: -1. From: -The document was recorded in the United States Patent and Trademark Office at ___, or for which a copy thereof is attached. Reel ____, Frame _ To: 2. From: The document was recorded in the United States Patent and Trademark Office at ___, or for which a copy thereof is attached. 3. From: The document was recorded in the United States Patent and Trademark Office at __, or for which a copy thereof is attached. __, Frame _ [] Additional documents in the chain of title are listed on a supplemental sheet. [] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] The undersjoned (whose title is supplied below) is authorized to act on behalf of the assignee. Edward W. Goodman, Date (914) 333-9611 Signature (Telephone number Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.